

| CLAIMS ONLY | | | | Application Number <div style="font-size: 1.5em; font-family: monospace;">10790924</div> | | Filing Date <div style="height: 20px; border: 1px solid black;"></div> | |
|---------------------------------------------------|-------|----------|--|---------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------|-------|
| | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | |
| CLAIMS | | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
| | Indep | Depend | | Indep | Depend | | Indep |
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| Total Indep | 1 | | | | | | |
| Total Depend | 9 | | | | | | |
| Total Claims | 10 | | | | | | |